
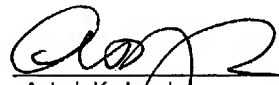


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lin et al.	Art Unit: 1775
Application No: 10/691,418	Examiner: Miller, Daniel H.
Confirmation No: 6173	Attorney Docket No: 008716 USA/AGS/SPARES/DP
Filed: October 22, 2003	
Title: CLEANING AND REFURBISHING CHAMBER COMPONENTS HAVING METAL COATINGS	January 14, 2009 San Francisco, CA 94107

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	Extension of Time		
	<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Via EFS	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
<input checked="" type="checkbox"/> Response to Final Office Action	<input type="checkbox"/> One Month	\$130.00	\$65.00
<input type="checkbox"/> Declaration	<input type="checkbox"/> Two Months	\$490.00	\$245.00
<input type="checkbox"/> Drawing	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
<input type="checkbox"/> Supplemental Information Disclosure Statement	Total \$ 0.00		
<input type="checkbox"/> PTO-1449 Form	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		
<input type="checkbox"/> Citations			
<input type="checkbox"/> Terminal Disclaimer			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	17	26	0	\$52.00	\$26.00	\$0.00
Independent Claims	5	5	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00	and/or	
Total	\$0.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00.		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555	
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00.		Please continue to send correspondence to:	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):		Janah & Associates, P.C.	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or transmitted via facsimile to (571) 273-8300 or electronically via EFS on the date shown below.		650 Delancey Street, Suite 106	
		San Francisco, CA 94107	
By:  Date: <u>January 14, 2009</u>		Respectfully Submitted,	
		By:  Date: <u>January 14, 2009</u>	
		Ashok K. Janah Registration No. 37,487	